

SUPPLEMENTAL MATERIAL

Pathogen detection	<ul style="list-style-type: none"> • Throat culture for Group A streptococcal infection, anti-streptolysin O and anti-DNAse B antibodies • Alternatively, serologies or PCR analyses for mycoplasma pneumonia, influenza, Epstein Barr virus, Borrelia burgdorferi, herpes simplex infection or varicella zoster
Laboratory analyses	<ul style="list-style-type: none"> • Differential blood cell count • Erythrocyte sedimentation rate and C-reactive protein • Metabolic parameters • Urine analysis (in case of abnormalities/pyuria: urine culture) • An extended diagnostic includes: <ul style="list-style-type: none"> ➢ Antinuclear antibodies or fluorescent antinuclear antibody, in case of abnormal antinuclear antibodies further clarification of connective tissue disorders should be performed ➢ Antiphospholipid antibodies: Anticardiolipin antibody, dilute Russell's viper venom time, b2-glycoprotein I antibodies ➢ Ceruloplasmin and 24 urine copper tests in patients with abnormal liver values or Kayser-Fleischer rings
Additional diagnostics	<ul style="list-style-type: none"> • Brain MRI • EEG (ideally including a "sleep EEG") • In case of abnormal findings in MRI/EEG: CSF analysis (including neuronal antibodies)
Special markers	<ul style="list-style-type: none"> • Antibodies against lysoganglioside, tubulin, dopamine D1/D2 receptor • Antibody produced activation of calcium calmodulin protein kinase II

Supplemental Table 1: Diagnostic examinations in patients with suspected PANDAS/PANS [Chang et al., 2015]. Abbreviations: CSF, cerebrospinal fluid; EEG, electroencephalography; MRI, magnetic resonance imaging; PCR, polymerase chain reaction.

Reference:

Chang et al. PANS Collaborative Consortium. Clinical evaluation of youth with pediatric acute-onset neuropsychiatric syndrome (PANS): recommendations from the 2013 PANS Consensus Conference. J Child Adolesc Psychopharmacol. 2015 Feb;25(1):3-13. doi: 10.1089/cap.2014.0084. Epub 2014 Oct 17.